

# Alabama Workers Compensation Division

## Release 1 FROI Event Table

Trans Set ID	Maintenance Type		Report Trigger		Report Requirement			Report Due		Follow-Up Form	Receiver
	Code	Description	Criteria	Value	Criteria	Effective Date From	Effective Date Thru	Criteria	Value		
<b>FROI</b>	<b>00</b>	<b>Original</b>	Lost Time Claim for same injury.  Employee death	3 or more days of lost time	<b>A</b> = Date of Injury <b>G</b> = Date of Death			<b>C</b> = After Employer Notification	<b>15 Days</b>	<b>N/A</b>	<b>N/A</b>
FROI	01	Cancel N/A									
<b>FROI</b>	<b>02</b>	<b>Change TO BE ADDED</b>	Claims Administrator changes using MTC 02 column of Element Reqmt Table	<b>O</b> = Maint Type Event	<b>D</b> = Date Administrator Notified			<b>D</b> = After Claims Admin Notification	<b>15 Days</b>	<b>N/A</b>	<b>N/A</b>
<b>FROI</b>	<b>04</b>	<b>Denial TO BE ADDED</b>	Denials where injury relates to drugs, alcohol, horseplay, or is non-work related.	<b>O</b> = Maint Type Event	<b>D</b> = Date Administrator Notified			<b>D</b> = After Claims Admin Notification	<b>15 Days</b>	<b>N/A</b>	<b>N/A</b>
FROI	AU	Acquired Unallocated N/A									
<b>FROI</b>	<b>CO</b>	<b>Correction TO BE ADDED</b>	Error correction in response to FROI TE acknowledgement	<b>O</b> = Maint Type Event	<b>H</b> = Date TE ACK RCD sent			<b>E</b> = After AWCD Notification	<b>7 Days</b>	<b>N/A</b>	<b>N/A</b>

### Report Trigger Criteria

A = New Claim  
 B = Cumulative Medical \$  
**C = Lost Time**  
 D = Cumulative Wage Replacement  
 E = Days Open  
 F = Formula  
 L = Detrm of Comp Death  
 N = Cumulative Indemnity \$  
**Q = Employee Death**  
 O = Maintenance Type Event

### Rpt Trigger Value

N/A  
 > \$\$\$  
 > # days  
 > \$\$\$  
 # days  
 Fn #  
 > \$\$\$  
 > \$\$\$

### Report Reqmt Criteria

A = Date of Injury  
 B = Date Disability Began  
**C = Date Employer Notified**  
**D = Date Admin Notified**  
 E = Date Juris Notified  
 F = Date of Initial Payment  
**G = Date of Death**  
 H = Date Report Trigger

### Report Due Criteria

A = Days From Date of Accident/Injury  
 B = Days From Date of Disability  
**C = Days From Employer Notification**  
**D = Days From Claim Admin Notification**  
**E = Days From Juris (AWCD) Notification**  
 G = Days From Initial Payment (IP)  
 H = Immediate  
 I = Days From Date of Death  
 G = Days From Carrier Notification  
 J = Days From Report Trigger

### Follow Form(s)

WC-2  
 WC-3  
 WC-4

### Receiver

EE = Employee  
 ER = Employer  
 PR = Provider